

**Provider Inspection Summary**

For the period 08/01/2003 to 07/31/2006  
Residential Care Apartment Complex  
REGISTERED

**Facility Information**

**Facility Name:** WILLOW POINTE ASSISTED LIVING (0010298)  
**Address:** 1125 NORTH EDGE TRAIL, VERONA, WI 53593  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 11/01/2001  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 243-2370

**Survey History**

**Survey ID:** 0097166      **End Date:** 06/07/2006      **Type:** STANDARD      **Purpose:** COMPLAINT  
**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID:** 0096156      **End Date:** 12/16/2005      **Type:** OTHER      **Purpose:** DESK REVIEW  
**Results:** LICENSE/CERT/REGISTRATION ISSUED

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*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

**Provider Inspection Summary**  
For the period 08/01/2003 to 07/31/2006  
Residential Care Apartment Complex  
REGISTERED

Complaint History
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**Date Complaint Received: 06/05/2006**

**Date Investigation Completed: 06/08/2006**

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE  
STAFF ADEQUACY

Result

NOT SUBSTANTIATED  
NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 05/12/2006**

**Date Investigation Completed: 06/08/2006**

Subject Area(s)

SUPERVISION

Result

NOT SUBSTANTIATED

SOD #

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